Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	VS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0050011	ROCKTREE APARTMENTS				С	60	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
69 PLEASANT VALLEY RD		Connections	22					

Towns Served:								
Monitorin	g Requirements							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)							
Asbestos (1094) 1 routine (RT) per nine years								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Lead And Copper (PBCU)		5 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete					
	1/1/18 - 12/31/20	6/1-9/30						
	1/1/21 - 12/31/23	6/1-9/30						
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Net Gross Alpha (4000)		1 routir	ne (RT) per six years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/14 - 12/31/19		Complete					
	1/1/20 - 12/31/25							
Uranium (4006)		1 routir	ne (RT) per six years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/14 - 12/31/19		Complete					
	1/1/20 - 12/31/25							
Combined Radium-226/228 (4010)		1 routir	ne (RT) per six years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/14 - 12/31/19		Complete					
	1/1/20 - 12/31/25							
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/20							
	1/1/21 - 12/31/23							
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0050011	ROCKTREE APARTMENTS				С	60	Р	GW
Local Address (Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
69 PLEASANT VALLEY RD		Connections	22					

Towns Served:

Monitoring Requirements						
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
	1/1/19 - 12/31/19		Complete			
	1/1/20 - 12/31/20					
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/17 - 12/31/19					
	1/1/20 - 12/31/22					
Organic Chemicals (VOCS)		1 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete			
	1/1/20 - 12/31/22					
Other Comp	liance Schedules					

Other Compliance Schedules					
Compliance Schedule Activity	Due Date	Achieved Date			
CROSS CONNECTION EXEMPTION	3/1/2021				

C.1.033 CC	ANNECTION EXEMINATION			1/2021				
	W	ater System Facili	ty and Sampling P	oint In	ventor	У		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		RKTREE1A	UNIT 1A	Α	Υ	3	Υ	
		RKTREE1B	UNIT 1B	Α	Υ	3	Υ	
		RKTREE1C	UNIT 1C	Α	Υ	3	Υ	
		RKTREE1D	UNIT 1D	Α	Υ	3	Υ	
		RKTREE2A	UNIT 2A	Α	Υ	3	Υ	
		RKTREE2B	UNIT 2B	Α	Υ	3	Υ	
		RKTREE2C	UNIT 2C	Α	Υ	3	Υ	
		RKTREE2D	UNIT 2D	Α	Υ	3	Υ	
		RKTREE2E	UNIT 2E	Α	Υ	3	Υ	
		RKTREE2F	UNIT 2F	Α	Υ	3	Υ	
		RKTREE2G	UNIT 2G	Α	Υ	3	Υ	
		RKTREE2H	UNIT 2H	Α	Υ	3	Υ	
		RKTREE3A	UNIT 3A	Α	Υ	3	Υ	
		RKTREE3B	UNIT 3B	Α	Υ	3	Υ	
		RKTREE3C	UNIT 3C	Α	Υ	3	Υ	
		RKTREE3D	UNIT 3D	Α	Υ	3	Υ	
		RKTREE3E	UNIT 3E	Α	Υ	3	Υ	
		RKTREE3F	UNIT 3F	Α	Υ	3	Υ	
1								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule									
	water Quanty Monitoring and Compliance Schedule								
PWS ID	ID PWS Name				ssification	Population	Owner Type	Primary Source	
CT0050011	CT0050011 ROCKTREE APARTMENTS				С	60	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
69 PLEASANT	LEASANT VALLEY RD		22						

Connecticut Department of Public Health Drinking Water Section

Towns Served:

	Water System Facility and Sampling Point Inventory							
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPF
		RKTREE3G	UNIT 3G	Α	Υ	3	Υ	
		RKTREE3H	UNIT 3H	Α	Υ	3	Υ	
		RKTREE3I	UNIT 3I	Α	Υ	3	Υ	
		RKTREE3J	UNIT 3J	Α	Υ	3	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
33	WELL 1	2	WELL 1	Α				
36810	ATMOSPHERIC							
56607	BOOSTER PUMPS							

Certified	d Operato	r Information
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Water System Facility:	DISTRIBUTION SYSTEM	(WSF ID: 00600)
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Facility Classification: SMALL W	/ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LEMAY, REALE D.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	12/31/2019
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2020
KILBOURN, ERIC	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2019
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2019

Contact Information										
Name				Organization	า			Job Title	5	
Mr. John P. Yeakley				Rock Tree Ii	LLC		Owner			
Mailing Address Line One Mailing Add			ddress Line Two	1	City		State	Zip Code		
P. O. Box 213						North G	ranby	СТ	06060-0213	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress	,		
860-916-2591		860-298-	0395			johnyea	kley@sbcglo	bal.net		
Contact Dolo/s\. A	d	C	-1	O	·					

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0051011	FOXRIDGE APARTMENTS-WELL 1				С	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
13 ALBOUGH RO	OAD	Connections	10					

Towns Served: BARKHAMSTED			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WELL #1 (3)	1/1/17 - 12/31/19		Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0051011	FOXRIDGE APARTMENTS-WELL 1				С	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
13 ALBOUGH RO)AD	Connections	10					

Monitoring	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/20 - 12/31/22		
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WELL #1 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WELL #1 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WELL #1 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WELL #1 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WELL #1 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WELL #1 (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary Ty	Samples Req/Month			
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0	PH	Daily
Start Date: 1/1/2004		Compliance	History:	Operating Limit	Monitoring
		Monitoring F	Period	Compliance Status	: Compliance Status:
		11/1/2018 - 3	11/30/2018		N
		12/1/2018 - 3	12/31/2018		N
		1/1/2019 - 1/	/31/2019		N
		2/1/2019 - 2/	/28/2019		N
	·	3/1/2019 - 3/	/31/2019		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source
CT0051011	FOXRIDGE APARTMENTS-WELL 1				С	25	Р		GW
Local Address (w	where applicable)	Service	Resider	itial	Commerci	al Industri	al Combin	ed	Agricultural
13 ALBOUGH RO	DAD	Connections	10						

Violation/Situation

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month
pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH Daily

Start Date: 1/1/2004 Compliance History: Operating Limit Monitoring

Monitoring Period Compliance Status: Compliance Status:

4/1/2019 - 4/30/2019

Other Compliance Schedules

Compliance Schedule Activity	Due Date Achieved Date	
SUBMIT CCR TO THE DEPARTMENT	6/30/2019	
SUBMIT CCR CERTIFICATION FORM	8/9/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Public Notification Requirements Compliance Notice **Public Notification PN Certification Period** Tier Required Performed Due to DPH Received 11/1/18 - 11/30/18 3 2/22/2020 2/28/2019 3/3/2020 2/28/2019

Physical Parameters M&R Violation 11/1/18 - 11/30/18 3 2/22/2020 2/28/2019 3/3/2020 2/28/2019

Total Coliform M&R Violation 11/1/18 - 11/30/18 3 2/22/2020 2/28/2019 3/3/2020 2/28/2019

Water System Facility and Sampling Point Inventory

	·	vater System racin	ity and Sampling F	OIIIC II	iventoi	y		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility II)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		FXRGE1-011	UNIT11 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-012	UNIT12 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-013	UNIT13 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-014	UNIT14 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-015	UNIT15 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-016	UNIT16 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-017	UNIT17 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-018	UNIT18 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-019	UNIT19 KITCHEN	Α	Υ	1	Υ	
		FXRGE1-020	UNIT20 KITCHEN	Α	Υ	1	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT-WELL #1	Α				
1670	FOXRIDGE - BUILDING # TREATMENT STATION	:2						
1913	WELL #1	2	WELL #1	Α				
45679	BLADDER TANK							

Certified Operator Information

Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Clas	ssification	Population	Owner Type	Primary Source		
CT0051011	FOXRIDGE APARTMENTS-WELL 1				C 25 P		Р	GW		
Local Address (where applicable) Serv			Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
13 ALBOUGH RC	Connections	10								

Connecticut Department of Public Health Drinking Water Section

Towns Served: BARKHAMSTED

			Certified Operat	or Information	1				
Water System Fac	cility: FOXRI	DGE - BUIL	DING #2 TREATMENT ST	TATION (WSF ID: 1	1670)				
Facility Classification	on: CLASS 1 TR	EATMENT P	LANT					Certification	
Operator Name			Operator Type	Certification(s)				Expiration	
NIGRO, JR., VICTOR	N.		CHIEF OPERATOR	DISTRIBUTION SYS	DISTRIBUTION SYSTEM OPERATOR - CLASS III				
				WATER TREATMEN	WATER TREATMENT PLANT OPERATOR - CLASS II				
NIGRO, SCOTT A. ASSIG			ASSIGNED OPERATOR	DISTRIBUTION SYS	TEM OPER	ATOR - CLA	SS I	6/30/2019	
				WATER TREATMEN	IT PLANT (PERATOR -	- CLASS II	6/30/2020	
			Contact Inf	ormation					
Job Title									
Ms. Paula Licitra Barkhamstee			d Hills LLC		Manager				
Mailing Address Lin	ie One		Mailing Address Line Two		City	State	Zip Code		
473 Evergreen Rd					Torringto	n	СТ	06790	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Add	dress			
860-806-0678				347-728-5542					
Contact Role(s): A	dministrative (Contact							
Name			Organization	1			Job Title	!	
Mr. Adam Licitra			Foxridge Apa	artments LLC		Member			
Mailing Address Lin	ie One		Mailing Address Line Two			City	State	Zip Code	
473 Evergreen Road	d				Torringto	n	СТ	06790	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Add	dress			
718-578-3317									
Contact Role(s): Le	egal Contact, C	wner		·					

contact Role(s). Legal Contact, Owne

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

		 		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0051031	BARKHAMSTED HILLS LLC			С	50	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections	20				

Towns Served: BARKHAMSTED

Towns Served: BARKHAMSTED					
Monitoring R	equirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)				
Asbestos (1094)		1 routine	(RT) per nine years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21				
Total Coliform (3100)		1 rou	tine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete		
	12/1/18 - 12/31/18		Complete		
	1/1/19 - 1/31/19		Complete		
	2/1/19 - 2/28/19		Complete		
	3/1/19 - 3/31/19		Complete		
	4/1/19 - 4/30/19				
	5/1/19 - 5/31/19				
	6/1/19 - 6/30/19				
	7/1/19 - 7/31/19				
	8/1/19 - 8/31/19				
	9/1/19 - 9/30/19				
	10/1/19 - 10/31/19				
Lead And Copper (PBCU)		5 re	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period Collection Per		•		
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete		
	1/1/19 - 12/31/19	6/1-9/30			
	1/1/20 - 12/31/20	6/1-9/30			
Physical Parameters (PPS)		1 rou	tine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete		
	12/1/18 - 12/31/18		Complete		
	1/1/19 - 1/31/19		Complete		
	2/1/19 - 2/28/19		Complete		
	3/1/19 - 3/31/19		Complete		
	4/1/19 - 4/30/19				
	5/1/19 - 5/31/19				
	6/1/19 - 6/30/19				
	7/1/19 - 7/31/19				
	8/1/19 - 8/31/19				
	9/1/19 - 9/30/19				
	10/1/19 - 10/31/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Net Gross Alpha (4000)		1 routine	(RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		 		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0051031	BARKHAMSTED HILLS LLC			С	50	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections	20				

Monitoring	Monitoring Requirements									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Net Gross Alpha (4000)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
	1/1/20 - 12/31/22									
Uranium (4006)		1 routine (RT) per three years								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete							
	1/1/20 - 12/31/22									
Combined Radium-226/228 (4010)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete							
	1/1/20 - 12/31/22									
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/20									
	1/1/21 - 12/31/23									
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19									
	1/1/20 - 12/31/20									
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/17 - 12/31/19									
	1/1/20 - 12/31/22									
Organic Chemicals (VOCS)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/20									
	1/1/21 - 12/31/23									

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary Ty	rpe) (perating Limit		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	nitoring (PHRD)		PH	Daily
Start Date: 1/1/2003				Operating Limit	Monitoring
				Compliance Status	: Compliance Status:
		11/1/2018 - 11/30/2018			N
		12/1/2018 - 1	2/31/2018		N
		1/1/2019 - 1/3	31/2019		N
		2/1/2019 - 2/2	28/2019		N
	·	3/1/2019 - 3/3	31/2019		· · · · · · · · · · · · · · · · · · ·

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

					1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0051031	BARKHAMSTED HILLS	S LLC			С	50	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
			Connections	20				

Towns Served: BARKHAMSTED

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month
pH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Daily

Start Date: 1/1/2003 Compliance History: Operating Limit Monitoring

Monitoring Period Compliance Status: Compliance Status:

4/1/2019 - 4/30/2019

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2019	
SUBMIT CCR CERTIFICATION FORM	8/9/2019	

30BIVITI CCK CI	ERTIFICATION FORIVI		0/	9/2019				
	Water	r System Facili	ty and Sampling P	Point Ir	nventor	У		
Water					Total	Lead and		
-	ter System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	2550-1	BASEMENT TAP	Α	Υ	3	Υ	
		2550-1 - BA	GENERATED BY BATCH	Α	Υ			
		2550-10	BLDG A APT 31	Α	Υ	3	Υ	
		2550-11	BLDG A APT 32	Α	Υ	3	Υ	
		2550-12	BLDG B APT 13	Α	Υ	3	Υ	
		2550-13	BLDG B APT 12	Α	Υ	3	Υ	
		2550-14	BLDG B APT 13	1	Υ	3	Υ	
		2550-15	BLDG B APT 14	Α	Υ	3	Υ	
		2550-16	BLDG B APT 21	Α	Υ	3	Υ	
		2550-17	BLDG B APT 22	Α	Υ	3	Υ	
		2550-18	BLDG B APT 23	Α	Υ	3	Υ	
		2550-18 - B	GENERATED BY BATCH	Α	Υ			
		2550-19	BLDG B APT 24	Α	Υ	3	Υ	
		2550-2	BLDG A APT 11	Α	Υ	3	Υ	
		2550-20	BLDG B APT 31	Α	Υ	3	Υ	
		2550-20 - B	GENERATED BY BATCH	Α	Υ			
		2550-21	BLDG B APT 32	Α	Υ	3	Υ	
		2550-3	BLDG A APT 12	Α	Υ	3	Υ	
		2550-3 - BL	GENERATED BY BATCH	Α	Υ			
		2550-4	BLDG A APT 13	Α	Υ	3	Υ	
		2550-5	BLDG A APT 14	Α	Υ	3	Υ	
		2550-6	BLDG A APT 21	Α	Υ	3	Υ	
		2550-7	BLDG A APT 22	Α	Υ	3	Υ	
		2550-8	BLDG A APT 23	Α	Υ	3	Υ	
		2550-8 - BL	GENERATED BY BATCH	Α	Υ			
		2550-9	BLDG A APT 24	Α	Υ	3	Υ	
		4	GENERIC DISTRIBUTION	Α	Υ			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	C	Connectic	ut Depa	rtment of	Public	Health	n Dr	inkin	g V	Vater	Se	ection	
		Wat	ter Qual	ity Monit	oring a	nd Con	npli	iance	Scł	nedul	e		
PWS ID	Р	WS Name					_					ner Type	Primary Source
CT005103	1 B	ARKHAMSTED	HILLS LLC					С		50		Р	GW
Local Add	ress (wh	ere applicable)			Service	Resider	ntial	Commerc	cial	Industri	al	Combine	d Agricultural
					Connectio	ns 20							
Towns Ser	rved: BA	RKHAMSTED							,				
			Water Sy	stem Facili	ty and S	ampling	g Poi	int Inv	ent	ory			
Water								7	Total	Lead	and	1	
System	Water .	System Facility	9	Sampling Point				Co	lifori	т Сор	per		Stage
Facility ID				ID	Description	n		Status	Rule	Rule	Tier	Asbesto	s WQP 2 DBPR
				DOWNSTREAM	WITHIN 5 S	SERVICE CO	N	Α					
				UPSTREAM	WITHIN 5 S	SERVICE CO	N	Α					
00700	ENTRY	POINT		3	ENTRY POI	NT		Α					
1603	WELL 1			2	WELL 1			Α					
326	WALLE! STATIO	NS HILL TREATN N	/IENT										
Certified Operator Information													
Water Sy	stem Fa	acility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)								
Facility Cl	assificat	ion: DISTRIBUT	ION SYSTEM										Certification
Operator	Name			Operator Type	е	Certification	on(s)						Expiration
NIGRO, JR	., VICTO	R N.		CHIEF OPERATO)R	DISTRIBUT	ION S	SYSTEM O	PERA	TOR - CL	ASS	III	6/30/2020
						WATER TR	EATM	IENT PLAI	NT O	PERATO	R - C	LASS II	6/30/2021
NIGRO, SC	COTT A.			ASSIGNED OPER	RATOR	DISTRIBUT	ION S	SYSTEM O	PERA	TOR - CL	ASS	1	6/30/2019
						WATER TR	EATM	IENT PLAI	NT O	PERATO	R - C	LASS II	6/30/2020
Water Sy	stem Fa	acility: WALL	ENS HILL TR	EATMENT STA	ATION (W	SF ID: 326)						
Facility Cl	assificat	ion: CLASS 1 TF	REATMENT PI	ANT									Certification
Operator	Name			Operator Type	е	Certificati	on(s)						Expiration
NIGRO, JR	., VICTO	R N.		CHIEF OPERATO)R	DISTRIBUT	ION S	SYSTEM O	PERA	TOR - CL	ASS	III	6/30/2020
						WATER TR	EATM	IENT PLAI	NT O	PERATO	R - C	LASS II	6/30/2021
NIGRO, SC	COTT A.			ASSIGNED OPER	RATOR	DISTRIBUT	ION S	SYSTEM O	PERA	TOR - CI	ASS	1	6/30/2019
						WATER TR	EATM	IENT PLAI	NT O	PERATO	R - C	LASS II	6/30/2020
				Con	tact Info	rmatio	า						
Name				Oı	rganization							Job Title	
Mr. Andre	ew Licitr	a		Ва	rkhamsted	Hills LLC			Ν	/lanager			
Mailing Ad	ddress Li	ne One		Mailing Address	s Line Two				·	City		State	Zip Code
473 Everg	reen Rd							Torrir	ngton	1		СТ	06790
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergenc	y Pho	ne Email	Add	ress			
347-72	8-5542					860-806	-0678	3 avliny	estm	nents@y	ahod	o.com	
Contact R	ole(s):	Legal Contact, C	Owner	·									
Name					rganization							Job Title	
Ms. Paula	Licitra			Ва	arkhamsted	Hills LLC			Ν	/lanager			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

City

Torrington

Emergency Phone Email Address

347-728-5542

State

CT

Zip Code

06790

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact

Fax

473 Evergreen Rd

Business Phone

860-806-0678

	Connecticut Departm	ent of Public	Health	ı Di	rinking	Water	Section	
	Water Quality l	Monitoring a	nd Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0051031	BARKHAMSTED HILLS LLC				С	50	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural

Connections

20

Towns Served: BARKHAMSTED

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

				<u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0055071	FOXRIDGE APARTMENTS-WELL 2			С	25	Р	GW
Local Address (where applicable)		Service	Residen	itial Comme	cial Industi	rial Combin	ed Agricultural
		Connections	10				

Requirements		
00)		
	1 routine	(RT) per nine years
Monitoring Period	Collection Period	Compliance Status
1/1/11 - 12/31/19		Complete
1/1/20 - 12/31/28		
	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
11/1/18 - 11/30/18		
12/1/18 - 12/31/18		Complete
1/1/19 - 1/31/19		Complete
2/1/19 - 2/28/19		Complete
3/1/19 - 3/31/19		Complete
4/1/19 - 4/30/19		
5/1/19 - 5/31/19		
6/1/19 - 6/30/19		
7/1/19 - 7/31/19		
8/1/19 - 8/31/19		
9/1/19 - 9/30/19		
10/1/19 - 10/31/19		
	5 routine	(RT) per three years
Monitoring Period	Collection Period	Compliance Status
1/1/18 - 12/31/20	6/1-9/30	
1/1/21 - 12/31/23	6/1-9/30	
	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
11/1/18 - 11/30/18		
12/1/18 - 12/31/18	_	Complete
1/1/19 - 1/31/19		Complete
2/1/19 - 2/28/19		Complete
3/1/19 - 3/31/19		Complete
4/1/19 - 4/30/19		
6/1/19 - 6/30/19		
8/1/19 - 8/31/19		
10/1/19 - 10/31/19		
	1 routine	(RT) per three years
Monitoring Period	Collection Period	Compliance Status
1/1/17 - 12/31/19		Complete
	Monitoring Period 1/1/11 - 12/31/19 1/1/20 - 12/31/28 Monitoring Period 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 2/28/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 10/31/19 Monitoring Period 1/1/18 - 12/31/23 Monitoring Period 1/1/18 - 12/31/23 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 2/28/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19	1 routine Monitoring Period 1/1/11 - 12/31/19 1/1/20 - 12/31/28 1 routine Monitoring Period 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 2/28/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19 Monitoring Period 1/1/18 - 12/31/20 6/1-9/30 1/1/21 - 12/31/23 6/1-9/30 1 routine Monitoring Period 11/1/18 - 11/30/18 12/1/18 - 12/31/18 1/1/19 - 1/31/19 2/1/19 - 2/28/19 3/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 8/1/19 - 8/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 1 routine (Monitoring Period Collection Period 11/1/18 - 11/30/18 12/1/19 - 1/31/19 2/1/19 - 1/31/19 2/1/19 - 3/31/19 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 1 routine (Collection Period Collection Period Collection Period

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monitoring and Compliance Schedule							
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0055071	FOXRIDGE APARTMENTS-WELL 2	С	25	Р	GW			

Connections

Residential Commercial

10

Industrial

Combined

Agricultural

Ν

Service

Towns Served: BARKHAMSTED

Water System Facility: ENTRY POINT (WSFID: 00700)

Local Address (where applicable)

Towns Served: BARKHAMSTED			
Monitoring	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/20 - 12/31/22		
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Monthly Water System Facility (V		ng Requiremen	tc
ivioliting water system racinty (v	voi , Level iviolittoi i	ng Kequireinen	L

Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month рΗ Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH Daily **Compliance History: Start Date: 1/1/2004 Monitoring Operating Limit Monitoring Period Compliance Status: Compliance Status:** 11/1/2018 - 11/30/2018 Ν 12/1/2018 - 12/31/2018 Ν 1/1/2019 - 1/31/2019 Ν

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

2/1/2019 - 2/28/2019 3/1/2019 - 3/31/2019

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Source
CT0055071	FOXRIDGE APARTMENTS-WELL 2				С	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial C	Commerci	al Industri	al Combine	ed Agricultural
		Connections	10					

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/Month
pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH Daily

Start Date: 1/1/2004 Compliance History: Operating Limit Monitoring

Monitoring Period Compliance Status: Compliance Status:

4/1/2019 - 4/30/2019

Other Compliance Schedules

	•		
Compliance Schedule Activity	Due Date	Achieved Date	
SUBMIT CCR TO THE DEPARTMENT	6/30/2019		
SUBMIT CCR CERTIFICATION FORM	8/9/2019		
CROSS CONNECTION SURVEY REPORT	3/1/2020		

Public Notification Requirements

	Compliance	Notice	Public Notification		PN Certification	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	2/22/2020	2/28/2019	3/3/2020	2/28/2019
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	2/22/2020	2/28/2019	3/3/2020	2/28/2019

Water System Facility and Sampling Point Inventory

		•	, , ,	4		•		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE COI	N A				
		FXRGE2-001	UNIT1 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-002	UNIT2 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-003	UNIT3 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-004	UNIT4 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-005	UNIT5 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-006	UNIT6 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-007	UNIT7 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-008	UNIT8 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-009	UNIT9 KITCHEN	Α	Υ	1	Υ	
		FXRGE2-010	UNIT10 KITCHEN	Α	Υ	1	Υ	
		UPSTREAM	WITHIN 5 SERVICE COI	N A				
00700	ENTRY POINT	3	ENTRY POINT	Α				
1581	FOXRIDGE - BUILDING #1 TREATMENT STATION							
1914	WELL 2	2	WELL 2	Α				
45677	BLADDER TANK							

Certified Operator Information

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0055071	CT0055071 FOXRIDGE APARTMENTS-WELL 2				С	25	Р	GW	
Local Address (where applicable)		Service	Residen	ntial	Commerci	ial Industri	al Combin	ed Agricultural	
		Connections	10						
Towns Served: F	RARKHAMSTED							•	

Connecticut Department of Public Health Drinking Water Section

Towns Served: BAR	KHAMSTED								
			Cei	tified Operate	or Information				
Water System Fac	cility: DISTR	IBUTION SY	STEM	(WSF ID: 00600)					
Facility Classification	n: DISTRIBUT	ION SYSTEM							Certification
Operator Name			Oper	ator Type	Certification(s)				Expiration
NIGRO, JR., VICTOR	NIGRO, JR., VICTOR N. CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III					ASS III	6/30/2020		
					WATER TREATMEN	T PLANT	OPERATOR	- CLASS II	6/30/2021
NIGRO, SCOTT A.			ASSIGN	IED OPERATOR	DISTRIBUTION SYST	гем оре	RATOR - CLA	NSS I	6/30/2019
					WATER TREATMEN	T PLANT	OPERATOR	- CLASS II	6/30/2020
Water System Fac	cility: FOXRI	DGE - BUIL	DING #	1 TREATMENT S	TATION (WSF ID: 1	L 581)			
Facility Classification	on: CLASS 1 TF	REATMENT P	LANT						Certification
Operator Name			Oper	ator Type	Certification(s)				Expiration
NIGRO, JR., VICTOR	N.		CHIEF	OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III			ASS III	6/30/2020
					WATER TREATMENT PLANT OPERATOR - CLASS II			- CLASS II	6/30/2021
NIGRO, SCOTT A.			ASSIGN	IED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I			ASS I	6/30/2019
					WATER TREATMENT PLANT OPERATOR - CLASS II			- CLASS II	6/30/2020
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Paula Licitra			Barkhamsted Hills LLC			Manager			
Mailing Address Lin	e One		Mailing Address Line Two			City State		State	Zip Code
473 Evergreen Rd						Torringt	on:	СТ	06790
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
860-806-0678					347-728-5542				
Contact Role(s): A	dministrative	Contact							
Name				Organization	1			Job Title	
Mr. Adam Licitra				Foxridge Apa	artments LLC		Member		
Mailing Address Lin	e One		Mailin	g Address Line Two			City	State	Zip Code
473 Evergreen Road	t					Torringt	on	СТ	06790
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
718-578-3317									
Contact Role(s): Le	egal Contact, C	Owner							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule